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THE MEDICAL MANAGEMENT OF INSANE WOMEN.

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[Communicated for the Boston Medical and Surgical Journal.]

III.—CONFIRMATION, BY AN EX-SUPERINTENDENT OF ONE OF THE NEW ENGLAND ASYLUMS, OF THE VIEWS ALREADY ADVANCED.

In my previous communications upon the causation, prevention and treatment of insanity in women (this JOURNAL, April 7th and Oct. 13th), I propounded the theory that a frequent and efficient agent in inducing, aggravating or predisposing to mental disturbance in women was to be found in functional or organic uterine or ovarian disease—the symptom referred to being, therefore, of reflex or secondary origin. The position assumed was supported by arguments drawn from analogies of various kinds, from clinical observation, and by an appeal to the experience of every candid and unbiased practitioner of medicine. I then proceeded, as a part merely of the systematic investigation I had marked out for myself, to point out some of the facts pertaining to the public management of insane women. It was shown that, because the due importance of the points I have indicated had never been properly estimated, if indeed suspected, and while I acknowledged with pleasure the general excellent management of our public institutions for the insane, and the general competence of their superintendents for the important duties entrusted to them, there had as yet been little undertaken or accomplished at our public hospitals for the cure of insane women. The question was here one simply of fact, and I reduced its answer to a matter of very simple though threefold proof.

1. Superintendents, not recognizing the frequency of the cause alluded to, had, therefore, neither reason nor justification for making such investigations as can alone decide a rigid diagnosis or suggest a rational treatment; that they did not recognize the causation, being shown by the current psychological literature of the day, by the sta-

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tical tables of asylums, and by the admissions of gentlemen themselves.

2. Superintendents did not make such examinations as could alone decide these cases; a point that I also proved by the testimony so freely given me by our brethren in charge of these establishments.

3. Superintendents could not, even had they desired, study or treat their female patients as fully as might be required by the exigencies of each particular case, for cogent and sufficient reasons which I fully explained.

It was also demonstrated, that for these and other causes, as, for instance, that only a skilled and very practised touch can safely discriminate between the varied local derangements to which women are liable, there were often occasions on which a little advice from outside its walls would be for the benefit of the hospital, its patients, the superintendent, the profession and the community, and I stated that it was only surprising, as has been remarked to me by many gentlemen since the publication of those papers, that the change suggested had not long since been made.

From these premises, plain and simple as they are, I showed that there could be but a single inevitable conclusion, that advisory medical boards, to be consulted at the discretion of the superintendent, are required at insane asylums, for the cases of insane women. The question is so plain and reasonable a one, so utterly a matter of common sense, that I anticipated the necessity of no further argument concerning it.

In this, however, I have been mistaken. I endeavored to express myself so plainly that there could be no possible misconception of my views, and should be sorry indeed if in a matter of such scientific interest and of such practical moment, in so far as it affects the possible cure of the majority of insane women, there were reason to believe that the drift of my argument has been intentionally misrepresented.

Be this as it may, an article has appeared (this JOURNAL, Nov. 10th) since the publication of my last paper, purporting to be merely a stricture upon the suggestion of advisory boards at asylums, but containing various personalities, expressed or implied, all, however, of but little account, and receiving its only weight and value as an apparent answer to my remarks, from the fact that the writer, though pusillanimously concealing his name, yet lays claim to authority as an ex-hospital assistant and superintendent. Upon general principles, as applying to the anonymous character of the attack, I should have considered that the article referred to was unworthy my notice; but as it contains within itself intrinsic confirmation of the truth of all the views I have advanced, I shall not hesitate to use it for the purpose now indicated, with so far my thanks to its author.

A word, and a word only, as to our critic's identity. There are but one or two gentlemen in New England who are in the position

by him claimed, as past head of an asylum, and but one, who in addition to this, has been past assistant also; a fact, that, had there been any doubt concerning it, could easily have been ascertained from papers in my possession giving the whole professional history, past and subsequent, of every medical officer ever attached to a New England hospital for the insane as superintendent, and of nearly every one who had ever been assistant physician. For these details, hardly to have been procured from any other quarter, as for much other valuable information from time to time rendered me in questions pertaining to insanity and the treatment of the insane, I am indebted to my esteemed friend, Dr. Edward Jarvis, of Dorchester. The article thus contains within itself such intrinsic evidence of its source, that it is only surprising that any man valuing his own reputation should be willing to incur, by donning so transparent a mask, the direct and inevitable suspicion pertaining to an anonymous assailant, of backbiting and cowardice.

The article was permitted to occupy the leading place in the week's issue of the *JOURNAL*. For this reason one further word, otherwise unnecessary, may be permitted me without the imputation of undue warmth.

The signature of our friend was that of a star. Of heavenly bodies, the moon is that which has always been supposed the peculiar perquisite of the psychologist, and if any sign manual were intended to be typical of the light to be thrown by such upon the subject under discussion, this would have seemed more to the purpose than that actually employed. It is possible, however, that the use of the star may, under all the circumstances, have been singularly an appropriate one; for this supposition there being several reasons, either one, or indeed all, of which may be thought applicable. Representing himself by a lesser luminary than his fellow-workers would have been likely to have done, the critic may have desired modestly to express his own sense of comparative insignificance; or it may be that he had the malign dog-star in mind; or it is possible that in Lucifer, thrust from his high estate, he would typify the fact, with all its probabilities, that he is an ex-superintendent, now no longer in office. It is hardly so likely that he intended to show that his argument, so all-annihilating at first sight, would be found, like the siderial portents of old, to mean in reality little or nothing, or that, comet-like, it retreated with all its fiery fervor to the place from whence it came, there to deal destruction; or that he wished it to be seen that with far more reason than are the stelligers of the Academy, he is but the veriest shadow of a shade, dead to progress, dead to research, dead to duty, dead to reason.

I have said that the result of the efforts made by this Georgian *Sidus* has really been in confirmation of the views I have advanced. I now proceed to show the truth of this assertion.

I. As regards the theory that insanity in women very frequently

is of reflex and secondary origin, and from *causæ causantes* peculiar to the female sex.

This, the main point, to which the suggestion of advisory boards is wholly subordinate, though legitimately consequent, our writer has left entirely untouched, saying not a single word, either in doubt, in disapproval, or in disproof. Such silence, under such circumstances, is very significant—the more so when it is recollected that at the close of my paper of April 7th, as again in that of Oct. 13th, I made use of the following expressive language: "These several points I commend to the close scrutiny, confirmatory or contradictory, both of the profession at large and of the specialty devoted to the study of the insane. I think I am already sure of the support of the latter; I have little doubt that the former also will, upon investigation, as heartily acquiesce in the acceptance and general adoption of my formulæ"; and again: "The above remarks are commended alike to the attention of superintendents, of trustees and of the profession at large." So far as I am aware, since the publication of my doctrines, not one word has been written in their disapproval by any gentleman, whether charged or not charged with the management of the insane. It cannot be from the insignificance of the subject under discussion, for it lies at the foundation of the whole question of insanity in women, and indeed, if we are to accept the forcible arguments of Dr. Ray, at the foundation, by inheritance, of a large portion of the insanity of men, their children. It cannot be from the quarter whence these views have proceeded, for that quarter represents not one individual's opinion merely, but the whole experience of all the great obstetrical authorities of the day, in this instance perhaps so feebly and so imperfectly represented. It is not the channel through which argument and conclusive proof are collected and made to pour that is to be considered in a matter like this, but it is the torrent itself, which will carry with it the minds of all reasonable men, and will submerge, as here, every such puny obstacle as that we are now considering.

I have therefore a right, in default of an answer to the arguments that I have advanced, and until such shall be given, to consider them unanswerable; and a right also, when an opportunity to present such an answer has been taken, and yet wholly unimproved, by a person claiming to be familiar with all pertaining to the nature and treatment of insanity, to consider his silence a tacit admission that my views are correct. Such, therefore, I allege.

II. As regards my statement, these premises being admitted, that women were not and could not, as asylums are at present organized, be treated thereat "as understandingly, as judiciously and as thoroughly as the same women would be treated were they sane and at their homes."

The only answer that can be made to such allegations as these, supported as they were by much positive evidence, alike of an in-

trinsic character, from facts on record, and from the admission of superintendents themselves, whose names were given, and who are acknowledged to stand at the head of their profession, would be counter-evidence, also extensive and of as positive a character. Nothing of the sort, however, has been presented; simply a statement that the admissions of the gentlemen to whom I have referred, are "conclusive of a lack of disposition on their part to make use of all the means of treatment" in their power. That this assumption is unfounded, I think my previous communications have clearly shown; that it is unjust to the gentlemen to whom it alludes, is very evident. The charge is one for its author to settle with the superintendents whom he has thus attacked.

III. The imaginary objections he has urged against an advisory board are only those that apply with equal force to the consulting physicians and surgeons at general hospitals, whom few would deny to be occasionally an advantage both to these institutions and to their patients. As here made, directly or by implication, it will be perceived that the contradictory character of these objections is very remarkable. It is alleged—

1. That advisory boards (and it will be recollected that I suggested them only with reference to the cases of female patients, and only to be consulted at the discretion of the superintendent) would be positive, and add uselessly to the machinery already existing.
2. That they would be negative, and therefore not add at all to that machinery.
3. That they would accomplish nothing, on the additional ground that superintendents may already consult the gentlemen who would be likely to be appointed.
4. That they would accomplish too much, on the supposition that superintendents could consult no one else.
5. That they would practically compel superintendents to consult in many cases where they did not desire to do so.
6. That they would practically prevent superintendents from consulting in any case, even if they did desire.
7. That by adding to his manifold cares, they would be an increase of the already too onerous burdens of the medical superintendent.
8. That they would be an infringement (and here peeps out the animus of the whole article), or a covert attempt at infringement of the superintendent's present high prerogatives, of chief steward, chief farmer, chief hostler, chief policeman, chief cook, chief valet de chambre and—physician.

In my paper upon the advantages of an advisory board, I referred to the publicly expressed and favorable opinions of several superintendents of asylums, at present in office. As none of the gentlemen referred to have since in any way given intimation of a change of sentiment, their views may be thought to outweigh the fanciful assumptions

expressed above. It will be found, indeed, that these were all answered by anticipation, fully, fairly and faithfully, in my own previous communication. I therein allowed that such objections might possibly be urged, but proceeded to show that they would prove unfounded. Their mere reiteration, without show of proof, makes but a sorry and shallow argument.

If the insanity of women ever depends upon local and reflex irritation, the possible existence of this must always be borne in mind, very often suspected, frequently searched for, and, whenever found to be present, very constantly attempted to be cured. No man can probably be found who is careless enough or ignorant enough to directly deny these premises; no man can refuse to allow their necessary conclusion, without exposing himself to suspicion of one of the alternatives I have just implied.

The assertion that an advisory board would not only be of no benefit to patients, but do them a positive harm, I have already shown to be groundless as applying to the case of women. The question, and I stated it thus broadly, is simply one of common sense. Hospitals receive female patients, the number at present therein resident generally equaling, if it does not exceed, that of males; they are taken, not for detention, but for cure; for the cure of disease, it must be both diagnosticated and treated; in the case of women, none of the usual measures for these ends are resorted to at insane asylums, nor can it be done as they are at present organized. As superintendents themselves acknowledge these facts, a thousand constellations of airy nothings would fill not an atom of space in rebuttal.

I have shown, I trust, that my positions have been strengthened rather than harmed by the article in the *JOURNAL* of Nov. 10th. If my views still seem obscure or improbable to the minds of any, I can only ask a kindly re-perusal of my previous communications. It is possible that I may again refer to this subject in the report which it is my duty to prepare, as Chairman of the Committee on Insanity, for the American Medical Association. As yet I must consider my arguments unanswered, and that as regards the medical treatment of female patients at asylums, the advisory board has been shown likely to be beneficial, equally as concerns the patients, the hospital, the superintendent, the profession and the community.

Were the personalities of the article now under review confined merely to myself, I should say no more. I have shown that they have also been cast upon the leading superintendents of our Massachusetts asylums, and have repelled them with far less warmth than these gentlemen must feel.

Bitterer insinuations than these, however, have been made; I shall now point out how unjustifiably.

"The advisory board," says the little twinkling star, "might be appointed for political reasons. It might not. But by what influ-

ence was the late Board of Commissioners on Insanity selected?" &c. &c. Herein is a direct implication that the body referred to was a packed commission, improperly appointed. Next follows the charge that it was improperly constituted, and then, "without any wish to intimate," &c. &c., the profession are told that "it is sufficient to say" that practically neither of the gentlemen upon that Commission, inasmuch as they were not hospital superintendents, could possibly have known anything of "the difficult and complicated subject of insanity;" in a word, that they were utterly incompetent for the high trust confided to them by the State.

With regard to the personal attack upon my colleagues, Hon. Josiah Quincy, of Boston, and Dr. Hitchcock, of Fitchburg, it might have been thought that the many public services they have rendered and the position they both hold in private life would have protected them from such ungenerous treatment.

As regards the Commission collectively:—

1. The appointment of the Commission on Insanity was made by the Governor and Council. The charge upon this point has therefore been transferred to these gentlemen, and is an assertion that they were false to their duty and to their oaths.

2. The Commission would hardly have been properly constituted had it been composed merely of superintendents, for with the many questions that came before it in various ways affecting that fraternity, all of which it is to be hoped were fairly and impartially decided, how could they have given a report that would not have been thought biased?

3. In view of the double character of the questions submitted, it was necessary that the Commission should have been chosen from the two professions it represented. Was it unfair that it should have been constituted by one lawyer to two physicians?

4. Regarding the incompetence of the Commission, its report may be allowed to testify.* It is possible that the practical results therein given may be evidence to the point: the rescue of one third of all the insane in the State, who had been utterly unprotected and forgotten, from their miserable incarceration in the towns' almshouses, where some of them were still caged like wild beasts; the measures advised in the report, and in consequence partially adopted, concerning the criminal insane, the inebriate, and those exposed to the possible dangers of private asylums, &c. &c.; perhaps, also, the investigation there initiated, regarding the causation of insanity in women.

The fact that the Commission, in its anxiety thoroughly and competently to do its work, gave its time without stint, though with never an offer of compensation, and money from its own pockets to the extent of several hundred dollars, to meet travelling expenses in visiting asylums in seven other States,† and in both the Canadas,

* Senate Document, 1864, No. 72.

† Maine, New Hampshire, Rhode Island, New York, Ohio, Indiana and Michigan.

also without repayment or offer of repayment by the Commonwealth, is hardly worthy mention, save as proving a novel sort of unfaithfulness to its public duties on the part of the Commission, and a novel sort of incompetence to accomplish its work.

That I might speak with the more certainty upon these points, I have addressed a few pointed inquiries to the five superintendents of the public and State Asylums for the Insane, with whom the members of the Commission were officially brought into contact, namely, Drs. Tyler, Choate, Bemis, Prince and Walker. The replies that have been received from these gentlemen are equally courteous and straightforward in their tone, and of precisely the same character as uniformly marked the reception and treatment of the Commission by the superintendents, the more to be noted from the fact that rumors adverse to the Commission had been freely circulated previous to its appointment and during its continuance, and that the recommendations made in its report were not all of them fully and unanimously endorsed by the superintendents.

As evidence of the opinion of these gentlemen regarding the points upon which our ex-superintendent has so forcibly animadverted, I shall quote from a single one of the letters in my possession. It is from the able Superintendent of the State Asylum at Worcester, Dr. Bemis.

} "THE WORCESTER LUNATIC HOSPITAL,
Worcester, Mass., Nov., 1864.

" H. R. STORER, M.D.

" My dear Sir,—Your note propounding certain questions relative to the working of the Commission of Lunacy was duly received, and it is now answered without hesitation or reservation.

" 1st. I believe that all the duties pertaining to the Commission were faithfully and impartially performed.

" 2d. It was every way wiser that superintendents of lunatic hospitals should *not* be made members of the Commission.

" 3d. It was most fit and proper that there should be in the Commission a member of the legal profession.

" 4th. The members of the Commission, individually and collectively, seemed to sympathize with me in all the duties and trials pertaining to my office; more than I could have expected.

" 5th. I only desired the Commission to see all and to know all pertaining to this Hospital. I was anxious that they should visit the institution more frequently and remain in it longer.

" I was in favor of the establishment of the Commission, and am now fully and thoroughly committed to the establishment of a permanent Commission of Lunacy, similar in its character and conduct to the one of which you were a member.

" Yours very truly,

M. BEMIS."

5. There is but one other point to which I will reply, alike the last and the least of the charges made against the Commission.

I will merely state, that so far from its being "a great delusion for either of the Commission to have supposed for a moment that he could

have secured the countenance and support of a single member of the intelligent Board who had the power of appointment at Northampton, one of these gentlemen, whose name had been submitted to that Board without his knowledge, did receive by a Committee from a majority of the Board an informal tender of the superintendency; which invitation was declined.

As I happen to have in my possession positive evidence of the truth of this assertion, it shall be submitted to the inspection of the gentleman who has so kindly offered his views upon the subject, whenever he will do me the honor to call upon me.

I have now replied to the ex-superintendent, using not similar weapons, but merely his own; and trust that it has been shown that the positions that I have taken concerning the causation and treatment of insanity in women have in no ways been controverted.

It would seem from the whole pointless tenor and contradictory assertions of the article we have been considering, that the danger so well described by Dr. Ray in his "Mental Hygiene," had been fully realized in the case of our ex-official. Such intimate association with the insane during a space of time long continued is thought at times to induce a tinge of their own malady. It is possible that a consciousness of this fact may have occasioned the gentleman's withdrawal from active duty. However that may be, it will have been made evident, from his own admissions, that he could hardly have been fitted for the moral treatment, as he was certainly unfitted for the physical treatment of insane women. The very inaccuracies of thought and of expression and of statement which he has evinced, the reckless way in which by his allusions to the opinions and conduct of his brother-superintendents he has scattered firebrands within his own household, are in themselves sufficient answer to the intolerant and intolerable attempt to withhold from all save the little circle of hospital experts the privilege of knowing or of stating anything concerning insanity. The time has passed for such an assumption as this; it would probably not be made by another physician in the country; and there is good reason for believing that the new door now opened by gynaecologists for reaching, analogically and from their other diseases, insanity in women, none will more gladly acknowledge and more faithfully employ than superintendents themselves.

MALIGNANT DISEASE OF THE UTERUS.

[Communicated for the *Boston Medical and Surgical Journal*.]

A MARRIED woman, aged 27, apparently enjoying good health, of medium size, fair complexion and lymphatic temperament, without hereditary predisposition to cancerous or malignant disease—mother of two healthy children, and supposed to be between the third and

fourth month of her third pregnancy—was attacked suddenly with a profuse uterine haemorrhage. Her family physician informed me that no circumstance connected with either her general health or labors previously could have led him to anticipate such an event. He was requested to see her Nov. 13th, 1863, the date of the first haemorrhage. Uterine pain and expulsive efforts accompanied the haemorrhage, and he supposed that she was about to abort. This state continued, with either less or more pain and haemorrhage, until the 28th, when what he supposed to be a mole was expelled, which nearly filled a chamber-pot. The flowing ceased, and he considered all things would go on well.

Dec. 14th, he was again summoned in consequence of haemorrhage. He attended the case, with varying success, until Jan. 2d, 1864, when she was seized with profuse flowing whilst straining at stool. My presence was then requested. On my arrival, I found her almost pulseless, with the aspect of a corpse. The usual restoratives were applied. She seemed to revive sufficiently to allow a vaginal examination. The vagina was relaxed, with a few coagula in it; the os dilated, readily admitting two fingers. About half an inch from its edge I felt a nodulated hard growth, with a few fissures through it, giving an impression of being the size of half a hen's egg, oval in shape. I passed the finger around the base to ascertain if any part was movable; it was firmly adherent, and the surface continuous with the uterus. Haemorrhage was not induced by, or followed the examination; no induration or change of structure was detected. The uterus contracted upon the fingers. The haemorrhages ceased, but there was discharged, in large quantity, a serous or watery fluid, very offensive.

She lingered for a week in this condition. There were no febrile or inflammatory symptoms. Her death seemed due to the exhaustion following the repeated and large haemorrhages. The state I found her in, and at any time subsequent to my first visit, forbade any serious operation. A further obstacle to successful treatment was encountered in the state of the stomach, which was intolerant of everything recommended, except tea or cold water.

I regret that all our efforts to obtain a *post-mortem* examination were unsuccessful. The feeling of dislike to such examinations prevails amongst a certain class strongly. If such was more general, the true path of rational medicine might be said to be closed. The history of this case, from all the details furnished, adds still further evidence in favor of the remark made by Prof. Simpson, of Edinburgh, "that hemorrhage is often the first circumstance which attracts the patient's notice in malignant disease of the uterus."

It may be useful to observe, in connection with this case, that the presence of such a serious disease was not discovered until within a week of the woman's death. It will serve, in addition, to justify the advice of Lebert, who recommends a vaginal examination in every

case in which a considerable quantity of blood is discharged. He has known organized vascular substances treated as menorrhagia; and few physicians who are much employed in treating diseases of women but will confirm this statement. I removed a polypus about two years ago from a middle-aged woman. She stated that for two years repeated attacks of uterine haemorrhage occurred, but always was told that it was owing to change of life. When I visited her, she was so much debilitated as to be obliged to remain in bed. No vaginal examination had ever been proposed in her case. After the removal of the polypus, she recovered her health and strength; she resides in my neighborhood, and has never had any haemorrhage since.

Of the importance of making a careful examination, much might be said, and also upon the necessity of examining the placenta after its removal from the vagina. That the placenta is more frequently removed than expelled, accords with my experience, and probably with that of others. Neither is it unlikely that in some instances a fragment of it may remain and become the nucleus of a disease which may prove fatal at some future period. In Dr. Montgomery's museum, in Dublin, there is a specimen of a degenerated placenta; its spongy structure is replaced by tubercular projections. The case was one of fleshy mole, which was connected with the uterus by the degenerated placenta. The woman died in consequence of repeated and exhausting haemorrhages.

JOSEPH MURPHY.

Taunton, Oct. 28th, 1864.

LIGATION OF THE COMMON CAROTID ARTERY.

[Communicated for the Boston Medical and Surgical Journal.]

MESSRS. EDITORS,—I have the honor to report the following case of ligation of the common carotid artery.

Private John Plaskett, of the 120th N. Y. Vols., was admitted to hospital Sept. 9th, 1864, having received a gun-shot wound of the face and neck, the ball entering just behind the sterno-cleido mastoideus muscle, and about one inch below the level of the thyroid cartilage, cutting in its way some fibres of the muscle and making its exit just below the left eye. The ball, in its passage, cut an opening in the roof of the mouth one and a half inches in length and about three fourths of an inch in breadth. There was severe arterial haemorrhage from the anterior and posterior nares, from the wound in the roof of the mouth, and from the wound below the left eye. I proceeded immediately to plug the several passages with lint saturated with the liquid persulphate of iron, but could not by this means control the haemorrhage. Chloroform was administered, and I immediately proceeded to ligate the artery. There was nothing unusual in the mode of operation, and the artery was ligated just below

the bifurcation. After the ligature was carried beneath the artery, I allowed the patient a few moments to recover from the effects of the anæsthetic, and after he had partially rallied I tied the artery. He became comatose immediately, but soon rallied on applying ar. spts. ammonia freely to the face. On rallying, his pulse was 100 per minute.

The three succeeding days his pulse was 120. The reaction was very severe, but during all this time he maintained his mental faculties. After the third day the reaction grew less, until, on the twelfth day, his pulse numbered only 72. On the sixteenth day the ligature came away; the incision for securing the artery was very nearly closed, and the wounds made by the ball were doing remarkably well.

Oct. 6th, twenty-six days after the operation, he writes me that he has nearly recovered from the effects of the wound and the operation.

Yours very truly, WM. B. REYNOLDS,
Surgeon 2d U. S. Sharpshooters.

AN INCIDENT IN ARMY PRACTICE.

[Communicated for the Boston Medical and Surgical Journal.]

MESSRS. EDITORS.—The subject of the following remarks was a negress of about thirty years, small in stature, and at the period alluded to was a laundress at the Post Hospital, New Iberia, La., where I was, at the time specified, on duty.

On the morning of the 8th December, 1863, her room-mate came to me and said Lizzie was very sick and wanted to see me. I accordingly visited her and found that labor was about to take place, she having gone but seven months. She continued in pain at intervals until evening, when I found it necessary to resort to means to dilate the os, which was very rigid. At about midnight, the rigidity having succumbed to treatment, she was delivered of *twins*, each about 12 inches in length; respiration was established, and they lived about half an hour. The peculiarity in the infants was this: the one was of the finest features, perfectly white, and would have done honor to an American mother; while the other was of the true African build, black as ebony, enormously thick lips, curly hair or wool, and O! such long heels!

Perhaps it would be well to state, that each child had its placenta and accompanying envelope.

It seems to me that this case proves that two pregnancies may occur together, which some, I believe, have doubted.

ISAAC SMITH, JR., M.D.,
Late Asst. Surg. 26th Mass.

HINTS RESPECTING THE EXTRACTION OF FOREIGN BODIES FROM
THE EAR AND NOSE.

BY S. D. GROSS, M.D., PROFESSOR OF SURGERY IN THE JEFFERSON MEDICAL COLLEGE
OF PHILADELPHIA.

ALL writers upon the diseases of the ear speak of the great difficulty that is generally experienced in removing foreign bodies from the auditory tube. Von Trötsch, whose work has recently been reproduced in this country, and whose sentiments may be regarded as expressive of the latest views upon the subject in Germany, has uttered this remarkable sentence: "Generally the presence of these bodies in the ear is less injurious than the attempts to remove them." This language, written a little more than a year ago, is full of significance. It clearly shows how incompetent medical men generally are to perform so trifling an operation. Proceeding a little further on, the reader of Von Trötsch's work meets with another curious sentence. "If," says he, after alluding to the swollen condition of the ear, and the impossibility of dislodging the intruder with the syringe, "a case came under my observation where an impacted body produced such symptoms as to indicate an energetic mode of treatment for its removal, and delay was not practicable, I should hasten to extract it by an operation, by making an opening through the wall of the meatus, so as to admit of its being approached and seized from behind." In speaking of the difficulties of such a procedure, he adds: "I have, however, satisfied myself on the dead body that it is easy to separate the auditory tube from the squamous portion of the temporal bone, and thus with a curved aneurism needle reach the membrane of the tympanum. The operation is doubly easy in children in whom there is hardly any bony canal." The means which Von Trötsch recommends in ordinary cases for effecting dislodgment of foreign bodies are David's curette and injections of water.

"Rude efforts," says Mr. Wilde, "made to extract foreign bodies from the ear are as likely to cause mischief as these bodies themselves." The means which he advises for accomplishing the object are the syringe, curette, spatula, and toothed forceps.

Mr. Toynbee, no mean authority upon any subject relating to the diseases of the ear, in speaking of extraneous substances in this organ, remarks: "Cases are sometimes met with in which the most lamentable results have followed attempts at removing foreign bodies by instruments. Death itself has not infrequently happened; and where the life of the patient has been spared, the ear has sometimes been destroyed and the *portio dura* nerve paralyzed." The syringe and tepid water are the means upon which Mr. Toynbee chiefly relies for the removal of all rounded solid substances. For the extraction of wool, cotton, paper, rags, and other soft material, he employs, when injections fail, a pair of lever-ring forceps, an instrument of his own invention.

The above passages, representing the views of three of the most
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distinguished aurists of the present day, are quoted for the purpose of showing the most approved methods of extracting foreign bodies from the ear, and the violence that is often inflicted in rude attempts of this kind. From the fact that the works of these authors, especially those of Wilde and Toynbee, have been widely circulated in this country, it may fairly be assumed that the practice inculcated in them is the one generally pursued by our medical men. Not long ago I read, in the report of a discussion before a learned body in a neighboring city, that the best instrument for extracting a foreign substance from the auditory canal was an ordinary pocket probe bent at the extremity; and, as the remark was made by a distinguished professor, I take it for granted that he is not the only surgeon in this country who thinks so.

For a number of years past, I have entirely limited myself, in the extraction of foreign bodies from the ear, to the little instrument originally described in my System of Surgery, and now regularly put up in all the ordinary pocket cases manufactured in this city. Composed of steel, and therefore entirely inflexible, it is about five inches and a quarter in length, very light and delicate, cylindrical and somewhat rough at the middle, to afford a good hold for the thumb and fingers, spoon-shaped at one extremity, and furnished with a little tooth or prong at the other. This tooth, which projects at a right angle from the shank of the instrument, is exceedingly small, and therefore admits of easy insinuation between the foreign substance and the auditory canal. The curette or spoon is also very delicate, and bent considerably more than the ordinary cataract curette. Provided with such a contrivance as this, no surgeon, however unskillful or inexperienced, can possibly fail in his object.

The plan which I always adopt, when a case of foreign body in the ear is brought under my notice, is to place the patient in an easy recumbent position, with the head slightly raised upon a pillow, and to administer chloroform to the extent of entire obliviousness. This is absolutely necessary when the patient is a child, or a nervous, excitable adult. The operation is greatly facilitated if there is a clear light, although this is by no means indispensable. Taking hold of the upper and back part of the concha, and pulling it gently so as to efface the curve at the entrance of the ear, I carefully pass the narrow extremity of the pick sidewise between the intruder and the wall of the meatus, and bringing the little tooth or prong behind it, I readily jerk it out, no matter how deeply it is buried, by a kind of lever movement with the handle of the instrument. The operation is generally the work of a few seconds, and is altogether free from hemorrhage. No possible injury can be inflicted upon the meatus, much less upon the membrane of the tympanum, if proper caution is used in the management of the pick. In this manner I have extracted quite a number of substances of various kinds, as pieces of slate pencil, grains of corn, beads, pebbles, and cherry-stones, in

most cases after vain attempts at relief had been made by other practitioners. When the substance is very small, the object is sometimes most readily attained by the use of the curette, but in general the prong is altogether preferable, whatever may be the form, size, or consistence of the body, whether round or angular, small or large, hard or soft. A pebble, grain of coffee, bug, or pellet of paper, wool, or cotton, may all be equally easily extracted. Ear-wax, however hard, or however firmly impacted, is more readily removed with such an instrument than with any other contrivance of which I have any knowledge.

Insects may, in general, be readily dislodged by filling the ear with water or oil, which has the effect of suffocating them. When they are dead, they may be promptly extracted in the same manner as any other extraneous matter.

There are certain rules to be observed in the extraction of foreign bodies, no matter what means may be employed for the purpose. In the first place, the surgeon should be perfectly satisfied that there really is an extraneous substance in the ear; or, in other words, that the patient is not laboring under a false alarm. Such an occurrence is by no means uncommon, especially when the individual is a nervous, excitable female, impressed with an idea that a bug has passed into the ear, or that the head of a pin has fallen into it. A careful inspection with a good light, either solar or artificial, will be the safest guarantee against any error of this kind.

Secondly. The meatus should never be meddled with when, in consequence of previous efforts at extrusion, it has become severely inflamed and more or less swollen. Here the proper plan is to wait until, by leeches to the inside of the tube, active purgation, light diet, and other measures, the morbid action is sufficiently subdued to admit of the requisite manipulation. The want of this precaution has sometimes led to violent inflammation, seriously imperilling life. The ear, if let alone, is generally remarkably tolerant of foreign bodies, even when rough or of large size. Not long ago I removed, at the clinic of the Jefferson Medical College, a large cherry-stone, which had been lodged deep in the meatus of a little girl for seven years, without any other inconvenience than slight occasional dizziness.

Thirdly. The foreign body is sometimes concealed by blood, pus, or cerumen, thus necessitating the use of the syringe and tepid water, before an attempt is made at extrusion.

Fourthly. The after-treatment should be conducted upon general antiphlogistic principles. Ordinarily, little, if anything, is required. It is only when the parts have been rudely handled that active measures will be needed, and even then the case will usually yield to a brisk purgative and the application of a few leeches to the meatus, along with a few doses of Dover's powder. Should the brain be threatened, blood must be freely taken from the arm. The syringe with tepid water, simple or medicated, will be required if there is

any considerable discharge of matter, especially if it is offensive and irritating.

I do not wish to be understood, from what precedes, to say that I disapprove of the syringe for the removal of foreign bodies from the ear. The operation, if properly performed, is frequently crowned with success; but it is often tedious, always disagreeable, and sometimes wholly inadequate. Wool, cotton, paper, cloth, and similar articles, may often be easily and successfully removed with the forceps. As to the pocket probe, bent at the point, no one who knows anything of the nature of such an operation would ever think of employing it. The idea of separating the auditory canal from the squamous portion of the temporal bone, with a view of obtaining access to the extraneous substance, as suggested by Van Trötsch, is so absurd that it ought to be ranked among the exploded notions of the barbarous ages.

The removal of foreign bodies from the *nose* is usually, in the hands of the general practitioner, an operation of great difficulty: quite as much so, indeed, as the withdrawal of an extraneous substance from the ear. The efforts that are made to accomplish the object are commonly of the most misdirected and herculean character; the struggles of the patient, ordinarily a child a few years old, are violent, if not uncontrollable, and the result too often is a bloody, fruitless battle, not less distressing to the parents than discreditable to the surgeon. This is not an exaggerated picture. A practice of upwards of a third of a century has afforded me many unfortunate illustrations of its truthfulness; and yet the operation, if properly performed, is one of the most easy and simple in surgery. As commonly executed, its effect is, not extrusion of the foreign body, but its further and deeper impaction in the nose. The instruments generally employed are the forceps, a grooved director, or a probe bent at the extremity. Need we be surprised that frequent failure should be the result under such circumstances? The extraction of an extraneous substance with such contrivances is altogether a blind procedure. The surgeon who succeeds with them deserves great credit for his good luck; for, really, it amounts to nothing else.

My practice in these cases is simply this. In the first place, the child must be properly secured. If he is very strong and rebellious, he should be wrapped up in a sheet or apron, to prevent him from using his hands and feet. Chloroform is seldom necessary. The head, inclined slightly backwards, should be immovably fixed by an assistant, while another assistant holds the patient upon his lap. The small extremity of the "ear pick" is then carried flatwise upwards into the nose in the direction of the bridge, until it is fairly beyond the foreign body, when, the point being depressed, the little hook or tooth is at once brought in contact with the substance, and extrusion effected by a kind of jerking or wriggling movement of the thumb and fingers. The operation is generally over in a few seconds.

Trouble can arise only when the substance, in consequence of previous abortive efforts, has been pushed back into the nose, or when, as occasionally happens, the nostril is filled with blood. I have myself never encountered the slightest difficulty with the instrument in question, and believe that failure in any case is impossible, if it is judiciously used.

Practitioners generally do not seem to be aware that foreign substances in the nose are commonly situated very superficially. In most cases, they occupy the entrance of the nostril, resting against the anterior extremity of the inferior turbinated bone, or between this bone and the nasal septum. It is seldom that they are pushed by the child into either of the chambers of the nose, even when they are of small size. If rude and protracted attempts, however, have been made at extraction, the probability is that the body will be found upon the floor of the nostril, or firmly wedged in between the turbinated bone and the nasal septum. In such an event, the operation will be more difficult, but still perfectly feasible. In a case under my charge not long ago, the substance, a small bean, had been pushed far back into the inferior meatus, and I was in doubt, for a few moments, whether it could be reached. Keeping the point of the instrument in close contact with the surface of the turbinated bone, I soon succeeded in passing it beyond the extraneous body, which was then extracted with the greatest facility.

As foreign bodies in the nose are invariably productive of more or less irritation and fetid discharge, they should always be extracted as speedily as possible. In a case reported by Dr. Hays, the able editor of this journal, the substance, a glass button, kept up incessant inflammation and suppuration for upwards of twenty years. Its extraction was followed by a speedy cure. Whenever a young child is brought to a surgeon with a fetid discharge from the nose, especially on one side, a careful search should be made for the presence of an extraneous substance. A few months ago, a stout, fat child, twenty-one months old, came under my observation on account of a very profuse and offensive profluvium from one of its nostrils. Suspecting the existence of a foreign body, I carefully explored the affected cavity with my instrument, and, much to the surprise of the mother, brought out a large paper pellet.—*American Journal of the Medical Sciences.*

PROLAPSUS OF THE RECTUM IN CHILDREN.—With adults the excision of some of the anal folds or of a portion of the prolapsed mucous membrane may be of use; but M. Guersant, of Paris, has found that the actual cautery lightly applied round the anus in children was very successful. He burns four points close to the orifice in a square, one just by the coccyx, one opposite that process in front, and two others on either side. The action should reach as far as the sphincter; simple cold water dressing is employed afterwards, and some of the little patients have recovered in a few days.—*London Lancet.*

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON: THURSDAY, NOVEMBER 24, 1864.

A SISTER OF MERCY.—Among the many sad and beautiful deaths which have hallowed this war, not one has made a deeper impression upon us than that so worthily recorded below. The brave soldier fills up his short career with gallant deeds, and his memory is kept bright by the glory of the victory he died to win. We sing such praises of him as those well deserve who fight for their country, and history gives him place among her heroes. Such brilliant lives and such rewards are not for those of us, however, who have gone into the field and have fallen in the same good cause; we renounce all such ambition when we take the vow of fidelity to the spirit of our art. Such, too, must be the self-renunciation of all who in any way labor with us in the same cause, and such we know was the motive which drew this young lady from home to the hospital. To such women, and she was but one of many, the country owes a debt of gratitude it should not fail to acknowledge; for the voluntary sacrifices they make and the horrors they so heroically endure are perhaps even greater than those of the battle-field, and their services are beyond price. No nobler offering to patriotism has been made than this fair young life thus laid down, and certainly none which we can more fittingly honor.

The following letter, addressed to one of our daily journals, is a faithful tribute to her character, and we desire that her name should be remembered by every member of a profession the highest ideal of which she so beautifully typified.

U. S. GENERAL HOSPITAL, BEVERLY, N. J., }
November 16, 1864. }

The military or naval hero in these times, who, falling in the defence of his country, has "fought his last fight, and won his last battle," scarce ever fails to receive at least a brief notice in the papers from some admiring friend, recounting his gallant exploits, his noble traits of character, &c. All this is meet and proper. But there is in our army a class of heroes, or rather heroines, who quietly and unheralded go forth from their homes and bravely face the horrors of the battle-field, and disease and death in the pestilential atmosphere of the wards of hospitals. To this class belonged Miss Martha Sever, of Boston, who died at this hospital on the night of the 13th November.

Young, beautiful and accomplished, reared in a comfortable home, surrounded by every luxury which wealth could procure or a refined taste could wish for, of an ardent and sanguine temperament, enthusiastic beyond measure in behalf of the sufferers in our military hospitals, her pure, exalted and irreproachable patriotism prompted her to offer her young and precious life a willing sacrifice in the cause of her country.

Coming to a hospital but recently established, and wholly unprepared for the reception of such as she, she entered upon her new and arduous duties with a zeal which, although highly commendable,

proved in the end fatal to her. Her kind, genial and sympathizing nature won for her a host of friends among the patients, and her presence in the ward was as a sunbeam, a ray of light from home, as it were, to the dying soldier, recalling pleasing reminiscences of a sister or a loved one far away.

In performing her kind offices for her patients, all thought of self was overlooked, and against the earnest admonitions of more experienced friends she visited her wards early and late, and in that way contracted the disease which caused her death.

The announcement of this sad event in the ward to which she had been attached was received by all who knew and were endeared to her by her many virtues, with unfeigned sorrow; bearded men wept like children, and veteran soldiers of many battles tried in vain to check the ready tears which coursed down their bronzed and scarred faces, for the noble girl who had sacrificed herself for their sakes. It is useless to eulogize.

MEDICAL INTELLIGENCE.—Nearly sixty children were recently poisoned in Liverpool by eating Calabar beans. They were removed with rubbish from the hold of a vessel from the Calabar river, and thrown upon the ground. Two, three and four seems to have been the number generally eaten, and one child is said to have swallowed twelve, and yet recovered. One case only proved fatal, a little boy of 6 years. He had eaten six of the beans, and lived two hours only.

Prof. Virchow recently delivered a lecture to the mechanics of Berlin upon tobacco-smoking, in which he enlightened them as to the dangerous consequences of this practice, and came to the conclusion that a restriction upon the excessive smoking was positively necessary for the preservation of their health. He also opposed the very popular prejudice that smoking after table aids digestion.

Prof. Bärensprung, the well-known head of the clinic for skin diseases and syphilis in Berlin, and who was lately reported insane by us, was recently found drowned in the waters of Kiel. He had just finished a treatise upon hereditary syphilis, and the first part of his large work, "Die Hautkrankheiten," has been published but a year.

The Emperor Max. I., of Mexico, lately made a night visit, accompanied only by his physician, Dr. Semeleder, to the Hospital of St. Andrea. His Majesty was so little expected that he was obliged to wait half an hour before obtaining entrance.

WHY ANIMALS TO BE EATEN MUST BE KILLED.—It is universally understood that animals which die from disease are not fitted for our markets. It is also understood that when cattle have been overdriven, their meat is notably inferior to that of healthy animals, unless they are permitted to recover their exhausted energies before being slaughtered. Why is this? The first and most natural supposition respecting those which die from disease is that their flesh is tainted; but it has been found that prolonged agony or exhaustion is quite as injurious, though in these cases there is no taint of disease. M. Claude Bernard propounds the following explanation. In all healthy animals, no matter to what class they belong, or on what food they subsist, he finds a peculiar substance analogous to vegetable starch, existing in

their tissues, and especially in their liver. This substance, *glycogène* or liver-sugar, is abundant in proportion to the vigor and youth of the animal, and entirely disappears under the prolonged suffering of pain or disease. This disappearance is singularly rapid in fish, and is always observed in the spontaneous death of animals. But when the death is sudden, none of it disappears. In a rabbit, killed after suffering pain for five or six hours, no trace was found of the sugar-forming principle, and its flesh has a marked difference in flavor. The same remark applies to exhausted, over-driven animals; their muscles are nearly deficient in *glycogène* and yield a decidedly larger percentage of water than muscle in normal condition. M. Bernard likewise finds that animals which are suffocated lose more of this sugar-forming substance than similar animals killed in the slaughter-house. To this let us add the fact, that the blood of over-driven animals will not coagulate, or coagulates very slowly and imperfectly; and we shall see good reason for exercising some circumspection over the practices of our meat-markets.—*Edinburgh Medical Journal.*

CAUTION TO CRITICS.—A novel action was lately brought in Paris, by a surgical mechanician, against two medical officers. The latter, Drs. Goupil and Bernurts, have published a book on the diseases of women, and therein stated that a peculiar pessary, invented by M. Grandcollet, did not, as far as they had seen, answer the purpose. The latter thereupon brought the action, laying the damages for the injury sustained at £1,000, requesting, besides, an apology in thirty newspapers, and also a rectification to be inserted in the above-mentioned work. He, however, lost his cause; the verdict was for the defendants, and the plaintiff was saddled with the costs.—*Lond. Lanc.*

THE officers of the 19th Massachusetts Regiment have issued a card of thanks to their late excellent surgeon, Dr. J. Franklin Dyer.

VITAL STATISTICS OF BOSTON.
FOR THE WEEK ENDING SATURDAY, NOVEMBER 19th, 1864.
DEATHS.

	<i>Males.</i>	<i>Females.</i>	<i>Total.</i>
Deaths during the week	56	44	100
Ave. mortality of corresponding weeks for ten years, 1853—1863,	38.2	37.5	75.7
Average corrected to increased population	00	00	81.38
Death of persons above 90	0	1	1

MARRIED.—In Skowhegan, Me., 17th inst., William M'Collom, M.D., of Woodstock, Vt., to Miss Marion Deering, daughter of A. H. Gilman, Esq., of S.

DEATHS IN BOSTON for the week ending Saturday noon, Nov. 19th, 100. Males, 56—Females, 44.—Accident, 5—asthma, 1—Inflammation of the bowels, 1—congestion of the brain, 2—Inflammation of the brain, 2—bronchitis, 6—cancer, 1—cholera infantum, 1—consumption, 27—convulsions, 3—croup, 3—debility, 1—diarrhoea, 1—dropsy, 3—dropsy of the brain, 1—epilepsy, 1—scarlet fever, 1—typhoid fever, 4—disease of the heart, 3—infantile disease, 1—insanity, 1—structure of the intestines, 1—intemperance, 4—congestion of the lungs, 1—Inflammation of the lungs, 6—marasmus, 6—measles, 1—old age, 2—paralysis, 1—peritonitis, 1—smallpox, 1—thrush, 1—unknown, 6.

Under 5 years of age, 35—between 5 and 20 years, 3—between 20 and 40 years, 28—between 40 and 60 years, 18—above 60 years, 16. Born in the United States, 61—Ireland, 30—other places, 9.